

Best Available Copy

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	CM G		8/31/99
O.I.P.E. CLASSIFIER			9/2/99
FORMALITY REVIEW		65372	9-15-99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/31/99
2	✓	✓	8/31/99
3	✓	✓	8/31/99
4	✓	✓	8/31/99
5	✓	✓	8/31/99
6	✓	✓	8/31/99
7	✓	✓	8/31/99
8	✓	✓	8/31/99
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48	✓	✓	8/31/99
49	✓	✓	8/31/99
50	✓	✓	8/31/99

Claim	Final	Original	Date
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Claim	Final	Original	Date
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